

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/1654735 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
	1						51		
2		1					52		
3	1						53		
4							54		
5		1					55		
6	1						56		
7		1					57		
8							58		
9							59		
10							60		
11		1					61		
12	1						62		
13		1					63		
14							64		
15							65		
16	1						66		
17		1					67		
18							68		
19		1					69		
20		1					70		
21							71		
22							72		
23							73		
24							74		
25							75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	7						TOTAL IND.		
TOTAL DEP.	16	↓	↓	↓	↓	↓	TOTAL DEP.	↓	↓
TOTAL CLAIMS	20						TOTAL CLAIMS		